

Jeremy Giles

FULL NAME
California State Prison-Los Angeles

COMMITTED NAME (if different)

PO Box 4670

FULL ADDRESS INCLUDING NAME OF INSTITUTION

Lancaster, California 93539

#V-92284

PRISON NUMBER (if applicable)

CLERK, U.S. DISTRICT COURT	FILED
	MAR 30 2015
	CENTRAL DISTRICT OF CALIFORNIA BY

Scanned at LAC and E-Mailed
on 3/20/15 by [initials]

(date) (initials)

Number of pages scanned:

22

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

Jeremy Giles,

CASE NUMBER

CV15-02341 RSWL(NBK)

To be supplied by the Clerk

PLAINTIFF,

v.

P. Shank, et al.,

DEFENDANT(S).

CIVIL RIGHTS COMPLAINT

PURSUANT TO (Check one)

 42 U.S.C. § 1983 Bivens v. Six Unknown Agents 403 U.S. 388 (1971)

A. PREVIOUS LAWSUITS

1. Have you brought any other lawsuits in a federal court while a prisoner: Yes No
2. If your answer to "1." is yes, how many? _____

Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

RECEIVED CLERK, U.S. DISTRICT COURT
MAR 27 2015
CENTRAL DISTRICT OF CALIFORNIA BY

a. Parties to this previous lawsuit:

Plaintiff _____

Docket # _____

b. Court _____

c. Docket or case number _____

d. Name of judge to whom case was assigned _____

e. Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it appealed? Is it still pending?) _____

f. Issues raised: _____

g. Approximate date of filing lawsuit: _____

h. Approximate date of disposition: _____

B. EXHAUSTION OF ADMINISTRATIVE REMEDIES

1. Is there a grievance procedure available at the institution where the events relating to your current complaint occurred? Yes No

2. Have you filed a grievance concerning the facts relating to your current complaint? Yes No

If your answer is no, explain why not: _____

3. Is the grievance procedure completed? Yes No

If your answer is no, explain why not: _____

4. Please attach copies of papers related to the grievance procedure. (SEE EXHIBIT A HEREIN)

C. JURISDICTION

This complaint alleges that the civil rights of plaintiff Jeremy Giles

(print plaintiff's name)

who presently resides at PO Box 4670, Lancaster, California 93539,
(mailing address or place of confinement)

were violated by the actions of the defendant(s) named below, which actions were directed against plaintiff at

California State Prison-Los Angeles(CSP-LA) Lancaster, California
(institution/city where violation occurred)

on (date or dates) December 19, 2014

(Claim I)

(Claim II)

(Claim III)

NOTE: You need not name more than one defendant or allege more than one claim. If you are naming more than five (5) defendants, make a copy of this page to provide the information for additional defendants.

1. Defendant B. Shank resides or works at
(full name of first defendant)

44750 60th Street West, Lancaster, California 93539

(full address of first defendant)

Chief Executive Officer (CEO)

(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

Defendant acted with deliberate indifference toward Plaintiff
civil & constitutional rights being challenged by this action.

2. Defendant P. Finander resides or works at
(full name of first defendant)

44750 60th Street West, Lancaster, California 93539

(full address of first defendant)

Chief Medical Executive (CME)

(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

Defendant acted with deliberate indifference toward Plaintiff
civil & constitutional rights being challenged by this action.

3. Defendant J. Marcelo resides or works at
(full name of first defendant)

44750 60th Street West, Lancaster, California 93539

(full address of first defendant)

Physician and Surgeon

(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

Defendant acted with deliberate indifference toward Plaintiff
civil & constitutional rights being challenged by this action.

4. Defendant C. Wu resides or works at
(full name of first defendant)
44750 60th Street West, Lancaster, California 93539
(full address of first defendant)
Staff Physician
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

Defendant acted with deliberate indifference toward Plaintiff
civil & constitutional rights being challenged by this action.

5. Defendant C. Chin resides or works at
(full name of first defendant)
44750 60th Street West, Lancaster, California 93539
(full address of first defendant)
Physician and Surgeon
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

Defendant acted with deliberate indifference toward Plaintiff
civil & constitutional rights being challenged by this action.

1 D. CLAIMS

2 The following civil right has been violated:

3 Plaintiff's right to receive adequate, competent, and
4 sound medical care and treatment; Plaintiff's right to be free
5 from medical neglect and needless pain and suffering; Plaintiff
6 right to access and receive medical care and treatment despite
7 being a prisoner. Plaintiff's 8th Amendment rights under the
8 U.S. Constitution:

9 CLAIM ONE SUPPORTING FACTS HERETO

10 1. Throughout the times mentioned in this action Plaintiff was
11 a participant in the California Department of Corrections &
12 Rehabilitation(CDCR) Mental Health Services Delivery System
13 (MHSDS) at the Enhanced Out Patient(EOP) level of care. EOP is
14 for prisoners who are gravely mentally disable unable to care
15 for themselves in the General Population(GP).

16 2. Sometime in December 2014, Plaintiff's left elbow began to
17 ache with sign of minor infection as a direct result of surgery
18 and metal rod implanted back in 2004, when Plaintiff was a free
19 civilian. Between December 2014, and about January 30,2015,
20 Plaintiff made several health care requests concerning this
21 matter and each time Plaintiff would be medically examined by
22 low level Registered Nurse(RN) who are the subordinates to
23 Defendant's Shank, Finander, Marcelo, Wu, and Chin, and given
24 gauze and antibiotic bactrim with a promise to be placed on the
25 "doctors line" to be seen by defendant's however, Plaintiff was
26 never called for "doctors line" while defendant's low level
27 subordinates continued to make referrals and provide gauzea
28 //

CLAIM ONE SUPPORTING FACTS HERETO

1 and antibiotic ointments.

2 3. Between about January 20, 2015, and February 8, 2015,
3 Plaintiff's left elbow had infected to the point of constant
4 and excessive leaking of puss and fluids while throbbing with
5 massive pain that directly affected Plaintiff's daily living
6 and activities. Adleast twice during this time, Plaintiff had
7 requested emergency medical treatment by going to the 'Nurse
8 Station' located inside the EOP housing unit where Defendant's
9 Shank, Finander, Marcelo, Wu, and Chin lower level subordinates
10 work distributing psychotropic medications to EOP prisoners,
11 and adleast twice during the time the deprivations are claimed
12 in this action, defendant's lower level subordinates went to
13 report Plaintiff's need for medical aide however, Defendant's
14 Shank, Finander, Marcelo, Wu, and Chin refused to take
15 Plaintiff's medical request and needs serious, only authorizing
16 for lower level subordinates to treat Plaintiff with gauzeas
17 and antibiotic ointment.

18 4. On about January 13, 2015, Plaintiff sought assistance from
19 another prisoner with filing a grievance relative to the claims
20 raised herein, and on about January 16, 2015, Defendant Finander
21 initially responded to Plaintiff's allegation of gross
22 negligence by processing Plaintiff's grievance as an emergency
23 appeal. (See Exhibit A Hereto).

24 5. On January 16, 2015, Plaintiff was then examined by
25 Defendant Chin, and on about February 12, 2015, Plaintiff was
26 referred to Palmdale Regional Medical Center where Orthopedic
27 //

CLAIM ONE SUPPORTING FACTS HERETO

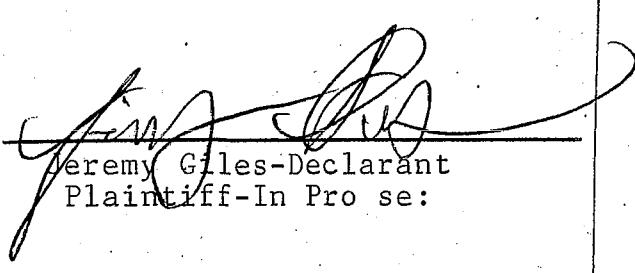
1 Surgeon Dr. Hendricks treated Plaintiff, advising that Plaintiff
2 should have "been" sent for "follow up" medical care "long
3 before" Plaintiff's left elbow reached the stage of leakage and
4 pain.

5 6. Plaintiff contend that because the initial surgery and
6 treatment came while Plaintiff was a civilian, Defendant's
7 Shank, Finander, Marcelo, Wu, and Chin refused to be responsible
8 for ensuring follow up care was provided, and because Plaintiff
9 has an anticipated release date from prison defendant's did not
10 want to referr Plaintiff for the care needed due to cost.

11 7. Plaintiff further contend that despite the obvious need
12 for the medical care provided following the filing of grievance,
13 defendant's, and each of them, were deliberately indifference
14 to Plaintiff's serious medical needs by limiting care to that
15 of gauzea, ointments, and pain pills, and that such acts were
16 imposed because of Plaintiff's status as prisoner participating
17 in EOP.

18 VERIFICATION

19 I do hereby declare that I have read the above and that the
20 matters contained therein are true and correct under the
21 penalty of perjury under the laws of the state of California
22 this 17th day of February 2015, at Lancaster, California.

23
24
25
26
27 
Jeremy Giles-Declarant
Plaintiff-In Pro se:

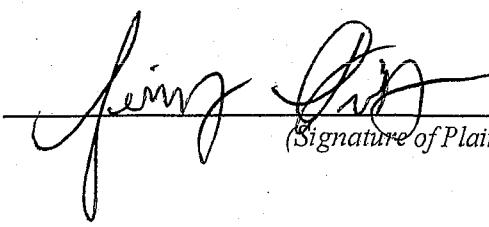
E. REQUEST FOR RELIEF

I believe that I am entitled to the following specific relief:

1. A Declaration that the acts and omissions described herein violated Plaintiff's rights under the Laws of the State of California, the United States, and the U.S. Constitution;
2. Punitive damages in the amount of \$5000.00 dollars against each defendant jointly and separately;
3. Compensatory damages in the amount of \$5000.00 dollars against each defendant jointly and separately;
4. Prospective damages in the amount of \$5000.00 dollars against each defendant jointly and separately;
5. Exemplary damages in the amount of \$5000.00 dollars against each defendant jointly and separately;
6. Special damages in the amount of \$5000.00 dollars against each defendant jointly and separately;
7. For reasonable attorney fees and cost of suit;
8. Grant Plaintiff's demand for jury trial on all issues triable by jury and,
9. All other such relief this court deems just and proper.

February 17, 2015

(Date)



Jerry G. G.

(Signature of Plaintiff)

EXHIBIT A



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Date: FEB 09 2015

To: GILES, JEREMY (V92284)
California State Prison – LA County
P.O. Box 4670
Lancaster, CA 93539-4670

From: California Correctional Health Care Services
Inmate Correspondence and Appeals Branch
P.O. Box 588500
Elk Grove, CA 95758

Tracking/Log #: LAC HC 15049395

This appeal was reviewed by Inmate Correspondence and Appeals Branch staff on behalf of the Deputy Director, Policy and Risk Management Services. All submitted information has been considered.

DIRECTOR'S LEVEL DECISION:

Appeal is denied. This decision exhausts your administrative remedies.

APPEAL REQUESTS:

You are requesting a referral to an outside hospital for adequate and competent medical care and treatment; wants the pain in your arm with the metal rod addressed and monetary compensation for your pain.

BASIS FOR DIRECTOR'S LEVEL DECISION:

Your appeal file and documents obtained from your Unit Health Record (UHR) were reviewed by licensed clinical staff.

These records indicate:

- Your appeal was identified to meet the criteria for processing in accordance with California Code of Regulations (CCR), Title 15, Section 3084.9(a).
- Documentation is supportive of you receiving Primary Care Provider (PCP) evaluation and treatment as determined medically indicated for your appeal issues. You received PCP follow-up evaluations and treatment to February 2015.
- There was no documentation by the nursing staff, your PCP, the attending PCP in the Triage & Treatment Area or orthopedic specialist that was discovered in your UHR to indicate an emergency referral to an outside hospital was medically necessary or that your care was not adequate as you claimed.
- On January 23, 2015, you were seen by the orthopedic specialist and you had no fever, no redness, or pus drainage, your Complete Blood Count was normal, your cultures were negative, no acute distress and you were able to move your left elbow in a comfortable manner without any signs of pain. You were prescribed intramuscular antibiotics.
- You will continue to be evaluated and treatment will be provided based on your clinician's evaluation, diagnosis, and recommended treatment plan, in accordance with appropriate policies and procedures

Monetary compensation is beyond the scope of the appeals process. If you are dissatisfied with this appeal response concerning your request for monetary compensation, you may wish to contact the California Victims-Compensation and Government Claims Board, P. O. Box 3035, Sacramento, CA 95812-3035.

You are considered an active partner and participant in the health care delivery system. You are encouraged to cooperate with your clinicians in order to receive the proper care and management of your condition. You will continue to be evaluated and treatment will be provided based on your clinician's evaluation, diagnosis, and recommended treatment plan, in accordance with appropriate policies and procedures.

While the health care administrative appeals process is an important means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your medical care providers. You are encouraged to continue your care with your assigned medical care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your medical care providers to offer and provide only the care they determine to be currently medically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other medical facilities or staff, input from medical consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current medical care providers.

After review, no intervention at the Director's Level of Review is necessary as your medical condition has been evaluated and you are receiving treatment deemed medically necessary.

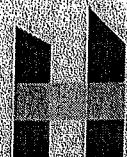
RULES AND REGULATIONS:

The rules governing these issues are: California Code of Regulations, Title 15; Inmate Medical Services Policies and Procedures; and the Department Operations Manual.

ORDER:

No changes or modifications are required by the institution.

CL
J. Lewis, Deputy Director
Policy and Risk Management Services
California Correctional Health Care Services



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES



Institution Response for Second Level HC Appeal

Date: 1/16/2015

To: GILES, JEREMY (V92284)
D 001 1137001U
California State Prison - LA County
P.O. Box 4670
Lancaster, CA 93539-4670

Tracking/Log #: LAC HC 15049395

Appeal Issues:

In your CDCR-602HC Inmate/Parolee Health Care Appeal Form received on 1/16/2015, you indicated that you had the following issues and concerns:

Issue/Concern	Action Requested
Access to care	Wants emergency referral to an outside hospital for sound, adequate and competent care for the pus and fluid leaking from your arm that has a metal rod within it
Access to care	Wants to have your pain in your arm with the metal rod addressed
Administrative	Wants claimed gross negligence and denial of medical care addressed
Administrative	Wants compensation for pain

Interview:

You were interviewed by CSP-LAC medical provider Dr. C. Chin on 1/16/2014 regarding this appeal. During the interview, you were allowed the opportunity to fully explain your appeal issues.

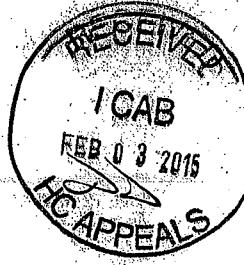
The Disability and Effective Communication System was checked your TABE (Test of Adult Basic Education) score was above 4.0 which means that you may not require accommodations to ensure effective communications. However, you explained your understanding of the outcome of your medical visit to the medical provider's satisfaction.

A review of your appeal with attachments, Unit Health Record (UHR), and all pertinent departmental policies and procedures was performed.

Response:

At the First Level of Review this appeal was bypassed as per CCR Title 15, 3084.9.

This appeal was reviewed by the CSP-LAC Chief Medical Executive Dr. Finander on 1/16/2015 and deemed to be an emergency appeal so you were seen by Dr. C. Chin in response that day (on 1/16/2015) in the CSP-LAC TTA.



The Appeal received on 1/16/2015 indicated that you want emergency referral to an outside hospital for sound, adequate and competent care for the pus and fluid leaking from your arm that has a metal rod within it, that you want to have the pain in your arm with the metal rod addressed, that you want claimed gross negligence and denial of medical care addressed, and that you want compensation for pain.

You were interviewed, examined, and your medical record reviewed by CSP-LAC medical provider Dr. C. Chin on 1/16/2015 in the CSP-LAC TTA. Dr. Chin found that you underwent left elbow surgery 2004 that included the placement of hardware. In 2008, you developed hardware complication due to infection. You told Dr. Chin that you developed a persistent ulceration of the tip of your left elbow with persistent draining on December 19, 2014. You were prescribed the antibiotic Bactrim for this on 12/22/2014. You noted that the drainage stopped for three to four days but has since then resumed.

On Dr. Chin's physical examination performed 1/16/2015, you were afebrile, your pulse was not fast and its rate was within normal limits and your blood pressure was 117/75. Dr. Chin noted the presence of an approximately 4 by 5 millimeter ulcer at your left lateral elbow with granulation tissue. A small amount of serosanguinous drainage was noted. There was no erythema (redness) of the surrounding tissue and there was no streaking or cord-like lesion present. No calor or axillary lymphadenopathy was noted. There was limited extension of your left elbow to 120 degrees but there was full ROM (range of motion) of your left shoulder, wrists, and fingers. Your radial pulse was intact at +2 and no rash was noted.

After discussion of your case with the onsite orthopedist, Dr. Chin ordered an X-ray of your left elbow, a wound culture and sensitivity, blood work (CBC and CMP), and the antibiotic IV Ancef. The medication Acetaminophen for pain was renewed for pain control. You agreed this medication for pain had been sufficient for your pain control.

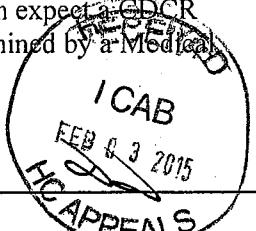
You have been scheduled to see the orthopedist within the next several days.

Dr. Chin was unable to establish the medical necessity of an emergency referral to an outside hospital. Therefore, your request for an emergency referral to an outside hospital was not approved since a physician has evaluated you and determined that your request is not medically necessary. This decision was based on the criteria set forth in CCR Title 15, Section 3350 (a)(b)(1)(4)(5), which states that the medical department shall only provide medical services for inmates based on medical necessity and which is supported by outcome data as effective and evidence based medical care. CSP-LAC and the CDCR utilize InterQual Care criteria to evaluate the medical necessity of healthcare services. InterQual criteria are internationally recognized guidelines that support the delivery of quality health care as well as reviewer consistency in the medical necessity determination and utilization management process. In addition to InterQual criteria, review of the English language, peer reviewed, evidence based medical literature may be utilized in the medical necessity decision making process. Utilization management decisions are based on the appropriateness and effectiveness of healthcare services as well as current CDCR policies.

Your medical record demonstrates that you have refused multiple medical clinic visits requested by your Primary Care Provider (PCP) since March 2014. Dr. Chin counseled you on the importance of compliance with all doctor, specialist, and diagnostic test appointments. Dr. Chin's review of your medical record found no evidence of gross negligence or denial of medical care.

Dr. Chin informed you that compensation was outside the scope of the medical appeals process so your requests and concerns regarding compensation would not be addressed in this medical appeal.

It is inappropriate for a patient-inmate to recommend or demand a treatment plan and then expect a CDCR Medical Provider to implement the requested treatment plan. Medical treatment is determined by a Medical Provider based on their evaluation, diagnosis, and current CDCR policy.



You are considered an active partner and participant in the health care delivery system. You are encouraged to cooperate with your medical providers in order to receive proper care and management of your medical conditions. You will continue to be evaluated and treatment will be provided based on your clinician's evaluation, diagnosis and recommended treatment plan in accordance with appropriate current CDCR policies and procedures. While you may not agree with your treatment plan, it does not mean that you are being subjected to gross negligence or that there has been a denial of evidence based, appropriate medical care.

Appeal Decision:

Based upon the aforementioned information, your appeal was Partially Granted

Granted:

- Sound, adequate and competent care for the pus and fluid leaking from your arm provided and will be provided on an ongoing basis
- Pain in your arm addressed
- No evidence of gross negligence
- No evidence of denial of medical care

Denied:

- Emergency referral to an outside hospital
- Compensation for pain

If dissatisfied, submit reasons for requesting a Director's Level of Review and mail to the Third Level within 30 calendar days of receipt of this response.

for chin
S. MORRIS, D.O.
Chief Physician & Surgeon

C. FINANDER MD
CSP - Los Angeles County

Physician & Surgeon - CF
California State Prison - Los Angeles County

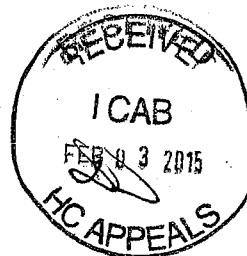
1/20/15

Date

P. Finander MD
P. FINANDER M.D. M.B.A. C.C.H.P.
Chief Medical Executive
California State Prison - Los Angeles County

1/16/15

Date



STATE OF CALIFORNIA

PATIENT-INMATE HEALTH CARE APPEAL
CDCR 602 HC (REV. 6/13)P-Form 15
Chief Medical Officer
CSR, Los Angeles County
MD, DO, DC, CCH
DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 1 of 2

STAFF USE ONLY	INSTITUTION	LOG #	Category
Emergency Appeal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14C HC	15049-395	FOR STAFF USE ONLY
Signature: <i>Timothy</i>	Date: 1/16/15		

You may appeal any medical, mental health, or dental decision, action, condition, omission, policy or regulation that has a material adverse effect upon your welfare. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Health Care Appeals Coordinator (HCAC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

Name (Last, First): <i>Timothy</i>	CDCR Number: <i>V92784</i>	Unit/Cell Number: <i>51-137</i>	Assignment:
------------------------------------	----------------------------	---------------------------------	-------------

State briefly the subject/purpose of your appeal (Example: Medication, To See Specialist, etc.):

KNOWS NEGLIGENCE IN DENIAL OF MEDICAL CARE

SECTION A: Explain your issue (If you need more space, use Section A of the CDCR 602-A):

SINCE ABOUT DECEMBER 13, 2014, HEALTH CARE OFFICIALS HAVE BEEN AWARE THAT THE METAL PROSTHESIS IN MY ARM IS INFECTED AND LEAKING BLOOD AND FLUIDS

SECTION B: Action requested (If you need more space, use Section B of the CDCR 602-A):

EMERGENCY REFERRAL TO AN OUTSIDE HOSPITAL FOR APPROPRIATE AND COMPETENT MEDICAL CARE AND TREATMENT AND I BE COMPENSATED FOR PAIN Supporting Documents: Refer to CCR 3084.3.

List supporting documents attached (e.g., Trust Account Statement; CDCR 7410, Comprehensive Accommodation Chrono; CDCR 7362, Request for Health Care Services; etc.):

No, I have not attached any supporting documents. Reason: *THESE ARE NO DOCUMENTS IN MY POSSESSION WHICH SUPPORT THIS APPEAL ISSUE*

Patient-Inmate Signature: *Timothy* Date Submitted: 1/13/15

By placing my initials in this box, I waive my right to receive an interview.

SECTION C: FIRST LEVEL: Staff Use Only	Check One: Is CDCR 602-A attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
This appeal has been:	Check One: Is this a recategorization? <input type="checkbox"/> Yes <input type="checkbox"/> No

 Bypassed at the First Level of Review. Go to Section E. Rejected (See attached letter for instruction): Date: _____ Date: _____ Date: _____ Date: _____ Cancelled (See attached letter): Date: _____ Accepted Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____	Interview Location: _____
Your appeal issue is: <input type="checkbox"/> Granted <input type="checkbox"/> Granted in part	<input type="checkbox"/> Denied <input type="checkbox"/> Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

1. Disability Code: _____	2. Accommodation: _____	3. Effective Communication: _____	Interview conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------	-------------------------	-----------------------------------	---

TABE score ≤ 4.0 Additional time P/I asked questions
 DPH DPV LD Equipment SLI P/I summed information
 DPS DNH Louder Slower Please check one:
 DNS DDP Basic Transcribe Not reached* Reached
 Not Applicable Other* See chrono/notes

4. Comments: _____	Interviewer: _____ Title: _____ (Print Name)
--------------------	---

HCAC Use Only	Signature: _____ Date completed: _____
Date received by HCAC: _____	Reviewer: _____ Title: _____ (Print Name)

HCAC Use Only	Signature: _____ Date closed and mailed/delivered to appellant: _____
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CSP-LAC HC - Received

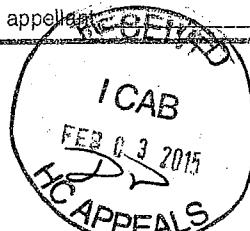
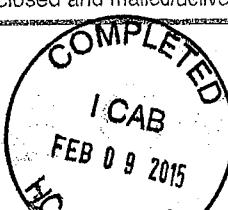
COMPLETED

JAN 16 2015

JAN 21 2015

APPEALS OFFICE

HC Appeals CSP-LAC



STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (08/09)

Side 1

TAB USE ONLY		Institution/Parole Region	Log #	Category
			15040343	
FOR STAFF USE ONLY				

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): SIES J	CDC Number: V42284 11-137	Unit/Cell Number:	Assignment: CSP-LAC HC - Received
<p>A. Continuation of CDCR 602, Section A only (Explain your issue): <u>and causing me unnecessary unbearable pain, yet all medical health care providers have done is call me to look at my infection and give me gauzes to clean and dress my wound.</u></p> <p><u>My current health care providers are well aware of the risk I suffer from the infected poison constantly coming from my arm and elbow but have offered no sound, adequate, or even competent medical care to treat and help me, and this gross negligence is being imposed because I am an African American prisoner in serious need of medical aide which my current health care providers find me unworthy of because of such.</u></p>			
Inmate/Parolee Signature: <i>John R. Sies</i>	Date Submitted: 11/3/15		



<p>B. Continuation of CDCR 602, Section B only (Action requested): <u>and needless sufferings that exist and persist because I am an African American prisoner deemed unworthy of sound, adequate, and competent medical care and treatment</u></p>	
Inmate/Parolee Signature: <i>John R. Sies</i>	Date Submitted: 11/3/15

Inmate/Parolee Signature: <i>John R. Sies</i>	Date Submitted: 11/3/15
--	-------------------------

PROOF OF SERVICE

BY PERSON IN STATE CUSTODY

(Fed. R. Civ. P. 5; 28 U.S.C. §1746)

J. Giles

declare:

I am over 18 years of age and a party to this action. I am a resident of _____

GSP-LA

Prison,

in the county of Los Angeles

State of California. My prison address is PO Box 4670, Lancaster, Calif 93539

2/17/15

On _____

Civil Rights Complaint Pursuant to 42 U.S.C. § 1983
(date)

I served the attached: _____

(Describe Document)

on the parties herein by placing true and correct copies thereof, enclosed in a sealed envelope with postage thereon fully paid, in the United States Mail in a deposit box so provided at the above-named correctional institution in which I am presently confined. The envelope was addressed as follows:

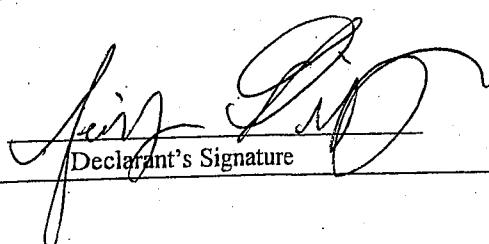
U.S. District Court
Central District of California
312 N. Spring Str
Los Angeles, Calif 90012

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on 2/17/15

(date)

Declarant's Signature

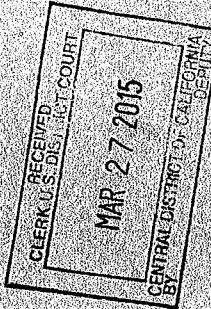


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CORRECTED
PRISONER INFORMATION
MAIL

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CENTRAL DISTRICT OF CALIFORNIA
LOS ANGELES
312-0-200-544-
ATTORNEY CLERK



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